



Washington
Department of
**FISH and
WILDLIFE**

Education or Foster Animal - Live Wildlife Retention Form

This form must be used to request permanent possession of all non-releasable wildlife for education or foster animal purposes. This application is available to **LICENSED WASHINGTON WILDLIFE REHABILITATORS ONLY**. All others requesting wildlife collection and possession must use the Scientific Collections Permit Application at <http://wdfw.wa.gov/licensing/scpl/>.

- All non-releasable education and foster animals must be included on your *Wildlife Rehabilitation Annual Report Form* which must be received by us by January 31 of every year.
- Your veterinarian must sign this application certifying non-releasability.
- **PLEASE INCLUDE PHOTOGRAPHS** of the Education animal(s) or foster animal(s) enclosure.
- You may apply for more than one animal with this form.

1. This animal(s) is to be used for

☐ Education ☐ Foster

2. Type of animal(s) to be retained:

- ☐ Mammal ☐ Migratory Bird – you must have a USFWS Live Possession permit
- ☐ Non-Migratory Bird (check USFWS website if you are unsure of species on the Migratory Bird list)
- ☐ Reptile/Amphibian

3. Special category animal: Please indicate a special species you are requesting:

- ☐ Raptor ☐ Large Carnivore* ☐ Bat
- *Brown bear, black bear, cougar, wolf, bobcat, and lynx
- ☐ State and/or Federal Threatened or Endangered Species

4. APPLICANT INFORMATION

Name of Applicant:	Phone #:	Email:
Name of Facility:		
Facility Address:	City:	Zip Code:
Facility Mailing Address:	City:	Zip Code:
WDFW Wildlife Rehabilitation Permit #:		

5. COLLECTION INFORMATION

Species Requested Please indicate either Education (E) or Foster (S)	Initial Illness or Injury	Reason for Non-releasability	Admission date

If this is a **TRANSFER** from another facility please complete the following information:

Name of party transferring the animal:	Phone #:	Email:
Name of Facility or Organization:		
Facility Address:	City:	Zip Code:
Facility Mailing Address:	City:	Zip Code:
State:		
Reason for Transfer		

HOUSING ENCLOSURE DIMENSIONS - width x length x height

PLEASE INCLUDE PHOTOGRAPHS of the proposed enclosure(s).

I, (please print name) _____ hereby agree to all of the conditions outlined in WAC 232-12-841, WAC 232-12-843, and WAC 232-12-861.

An Annual Report must be submitted before January 31 of every year. Under **RCW 77.15.750**, a violation of the terms or conditions of the permit or any WDFW rule applicable to the issuance or use of the permit is a misdemeanor.

Signature of Applicant

Date of Application

Signature of Veterinarian certifying non-releasability

Date

Please send the application to:

Wildlife Rehabilitation Manager
Washington Dept of Fish and Wildlife
16018 Mill Creek Blvd.
Mill Creek, WA 98012